

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-047362

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 64

Primary Registration District No. 4110

Registrar's No.

FILED DEC 17 1963

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Chariton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Chariton</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Salisbury Township</b>		Length of stay in 1b <b>2 yrs</b>	c. CITY OR TOWN <b>Salisbury Township</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>118 Williams St.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>118 Williams St.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Helen Bixenman</b>		4. DATE OF DEATH Month Day Year <b>Dec. 10 1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3/14/89</b>
9. AGE (last birthday) <b>72</b>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>Henry Fischer</b>	
13b. MOTHER'S MAIDEN NAME <b>Mary Kennebec</b>		14. NAME OF HUSBAND OR WIFE <b>Chris Bixenman</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) <b>no</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Chris Bixenman</b>		Address <b>Salisbury, Missouri</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma of stomach with metastases to liver</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>metastases to liver</b> DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH <b>12 yrs</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>None</b>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Salisbury, Mo</b>
21. I attended the deceased from <b>July 9, 1963</b> to <b>Dec 10, 1963</b> and last saw her alive on <b>Dec 10, 1963</b> Death occurred at <b>7:55 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>J. H. Harris</b> (Degree or title)		22b. ADDRESS <b>Salisbury, Mo</b>	22c. DATE SIGNED <b>12-12-63</b> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Dec. 14, 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Mary Cemetery</b>	23d. LOCATION (City, town, or county) <b>Wien, Missouri</b>
24. FUNERAL DIRECTOR <b>Donald Wayne Berry, Salisbury, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>12/12/63</b>	26. REGISTRAR'S SIGNATURE <b>Donald W. Berry</b>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

NAME OF DECEASED

LOCALITY

DATE OF DEATH

AGE OF DECEASED

SEX OF DECEASED

CAUSE OF DEATH

PLACE OF DEATH

DATE OF DEATH

LOCALITY

NAME OF DECEASED

LOCALITY

DATE OF DEATH

NAME OF DECEASED

LOCALITY

DATE OF DEATH

NAME OF DECEASED

LOCALITY

DATE OF DEATH

NAME OF DECEASED

DATE OF DEATH

5-25-64

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Donald W. Berry

Licensed Embalmer No. 5240

P. O. Address Salisbury, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

DATE OF DEATH

LOCALITY

DATE OF DEATH

LOCALITY

DATE OF DEATH